

V. S. No. 2  
OOM-2-43  
5-17-33  
SI X

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17059  
Registrar's No. 2387

FILED JUN 7 1943  
149

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1615 Central  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Months (Specify whether years, months or days)  
In this community 5 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1615 Central  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Anton Miller

3. (b) If veteran, name war No 3. (c) Social Security No. 482-05-2929

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jessie L. Miller 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased Dec. 6, 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 5 17 hr. min.

9. Birthplace Coal City Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business Abergast Coal Co., Numa, Ia.

MOTHER FATHER

12. Name Gus Miller  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Rozella  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie L. Miller  
(b) Address 1615 Central

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 25, 1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation Centerville, Iowa.

18. (a) Signature of funeral director C. H. Blackman & Son, INC.  
(b) Address 2825 Independence Blvd., K. C. Mo.

19. (a) 5-25-43 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
year 1943 hour 11 minute 20 P. M.  
21. I hereby certify that I attended the deceased from Mar 28<sup>th</sup>  
1942 to May 23<sup>rd</sup> 1943  
that I last saw him alive on May 23<sup>rd</sup> 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism Duration 2 hrs  
Due to Arteriosclerosis 2 yrs  
Due to 94a  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Wm Fowler (M. D. or other) DO  
Address 3504 Walnut Date signed 5-24-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

361

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *D. H. Blackman*

Licensed Embalmer No. 2244

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**